

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC

☐ CLEC

☐ ILEC

☐ Wireless

249735

CERTIFICATED COMPANY INFORMATION

Alliance Group Services Inc

Company Name

FEIN/SSN

203-221-8700

Dba/fka

Telephone #

Mailing Address

107 W Michigan Ave 4th Fl

City, State, Zip Code

Kalamazoo MI 49007

Business Location

1221 Post Rd E, Westport CT 06880

Fairfield

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: B Allston Moore Jr

Mailing Address: 5 Exchange St

Charleston SC 29401

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Mary O'Keeffe

A. **General Manager** (Include Address if different than above)

203-221-8700 / 203-221-8705 / mok@alliancegrp.com

Telephone Number / Facsimile Number / E-mail Address

Mary O'Keeffe

B. **Customer Relations/Complaints Representative** (Include Address if different than above)

203-221-8700 / 203-221-8705 / mok@alliancegrp.com

Telephone Number / Facsimile Number / E-mail Address

Mary O'Keeffe

C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)

203-221-8700 / 203-221-8705 / mok@alliancegrp.com

Telephone Number / Facsimile Number / E-mail Address

800-756-2236

C2. **Customer Contact** (Toll Free Number)

MAR 2 2 2014

D. **Engineering Operations** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

RECEIVED
REG. OFFICE

E. **Test and Repair** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. **Regulatory Officer** (Include Address if different than above)
203-221-8700 / 203-221-8705 / mok@alliancegrp.com
Telephone Number / Facsimile Number / E-mail Address

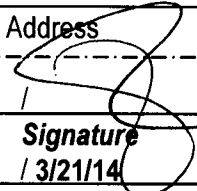
H. **Dual Party Mailings** (Name)
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name)
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address
Patrick D Crocker

J. **Universal Service Fund Mailings** (Name)
107 W Michigan Ave 4th Fl, Kalamazoo MI 49007
(Mailing Address)
269-381-8888 / 269-381-4855 / contact@nationwideregulatorycompliance.com
Telephone Number / Facsimile Number / E-mail Address
Patrick D Crocker

K. **Gross Receipts Mailings** (Name)
107 W Michigan Ave 4th Fl, Kalamazoo MI 49007
(Mailing Address)
269-381-8888 / 269-381-4855 / contact@nationwideregulatorycompliance.com
Telephone Number / Facsimile Number / E-mail Address

L. **Lifeline Mailings** (Name)
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

Patrick D Crocker / 
This form was completed by **Signature**
President, Nationwide Regulatory Compliance LLC / 3/21/14
Title **Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Attn: Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201